

Virginia S. Wallace
Patent Specialist

onda M. Wallace
Patent Specialist

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Digital

SERIAL NO.	FILING DATE
APPLICANT(S) 09/509637	

CLAIMS

AS FILED	AFTER		AFTER	
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.	15			
TOTAL DEP.	15			
TOTAL CLAIMS	20			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		J	J	J	
TOTAL DEP.		J	J	J	
TOTAL CLAIMS					